

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05053

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Hartford
 City or town Belt Air, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 19 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Hartford
 City or town Belt Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William B Ayres

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mary H McKae
 7. Birth date of deceased (mo., day, yr.) Aug 24 - 1874 6.(c) If alive, give age _____ years
 8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Rocks, Md
 (Town, county, and state)
 10. Usual occupation Road Construction
 11. Industry or business _____
 12. Name James Ayres
 13. Birthplace Md
 14. Maiden name Leah Harmon
 15. Birthplace Md

16. Informant Mrs Mary H Ayres
 Address Belt Air, Md
 17. Burial Date thereof May 14/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St Ignatius
 Location Hickory, Md
 18. Funeral director Joseph J. Foster
 Address Belt Air, Md
 5/13 48 P. F. Woodward
 19. (Date rec'd by registrar) Registrar

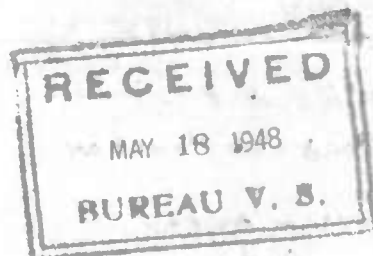
MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1948 at 9:39 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1947 to May 11 1948
 and that I last saw him alive on May 11 1948
 Immediate cause of death Pulmonary Edema
(Congestive Heart Failure)
 Due to _____
 Due to _____
 Other conditions Ch. Hypertension
Cardio Vascular Disease 4 yrs.
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Willard P. Hudson M.D.
 M.D. or other _____
 Address Forest Hill Md Date signed 5/12/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05054

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Bel Air - P. O.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Convalescent HomeHow long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Rural near Norrisville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

John Hemmell Badders

3.(b) Social Security Number

none

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Sept. 20, 1872

8. AGE:

Years

Months

Days

If less than one day

75715

hrs.

min.

9. Birthplace

New ParkPa.

(Town, county, and state)

10. Usual occupation

day-laborer

11. Industry or business _____

MOTHER FATHER

12. Name

Samuel Badders

13. Birthplace

Pa.

14. Maiden name

Agnes T. Lohm

15. Birthplace

Pa.

16. Informant

Mrs. Geo. F. Johnson (niece)

Address

Bel Air - P. O. 2 Md

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereon

3/8/48
(month) (day) (year)

Cemetery or crematory

St Paul Methodist Cemetery

Location

near Norrisville Md.

18. Funeral director

Martin H. Kutz

Address

Jarrettville Md

19.

5/6/48
(Date rec'd by registrar)

19

48P. Souwood

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1948 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1947 to May 5, 1948and that I last saw him alive on May 4, 1948

Immediate cause of death

Buriosis of liver

DURATION

6 mo.

Due to

Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

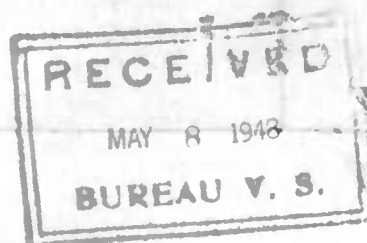
Injured at work?

23. SIGNATURE

Charles R. Jeff M.D.

Address

Street, Md.Date signed 5-6-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05055

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford
 City or town Rural - Aberdeen
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Rural - Aberdeen, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Harbersons Road
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Alongo P. Baker

3. (b) Social Security Number

215-03-9315

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary M. Flowers

7. Birth date of deceased (mo., day, yr.)

October 24th 1876

6. (c) If alive, give age

66 years

8. AGE:

Years

Months

Days

If less than one day

716

hrs.

min.

9. Birthplace

Baltimore County, Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

John T. Baker

12. Name

Balto. Co. Md.

13. Birthplace

Hammill Park

14. Maiden name

Balto. Co. Md.

15. Birthplace

Mrs. Alongo P. Baker

16. Informant

Aberdeen Md. R.F.D. #1

Address

Burial

17. (Burial, cremation, or removal. Which?)

Date thereof May 24 1948

(month) (day) (year)

Cemetery

St. John

Location

Near Bel Air Md.

18. Funeral director

Henry Tarrington & Sons

Address

Aberdeen, Md.19. May 24 1948

(Date registered by registrar)

Registrar

Nellie & Lily

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 22 1948 at 10:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1947 to May 22 1948and that I last saw him alive on May 17 1948

Immediate cause of death

Coronary thrombosis

DURATION

Due to

arteriosclerosis

Due to

myocardial degenerationcardiac decompensation

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thos. P. Thompson

M. D. or other

Address Aberdeen MdDate signed May 24/48

RECEIVED

JUN 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05056

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford Co.
 City or town Perryman
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 yrs
 Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Harford
 City or town Perryman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles H. Bremner

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Meta Bremner
 7. Birth date of deceased (mo., day, yr.) Nov 19th 1870 6.(c) If alive, give age _____ years
 8. AGE: Years 77 Months 4 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Bottineau
 (City, county, and state)
 10. Usual occupation Stock Clerk
 11. Industry or business Retired
 12. Name Henry Bremner
 13. Birthplace Germany
 14. Maiden name Louise Schacht
 15. Birthplace Germany

16. Informant Wm. J. E. Geary
 Address Perryman MD
 17. Burial Date thereof May 16th
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Parkwood Cem
 Location Rural

18. Funeral director Ulrich Funeral Home
 Address 2008 Orleans St

19. May 15 1948 Registrar A. D. Stodak
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948 at 11 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1947 to May 17 1948
 and that I last saw him alive on May 10, 1948

Immediate cause of death Coronary Thrombosis
Renal

Due to Chronic Cor. & Pul. Vascular Disease
 DURATION 1 hour

Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE W. K. Delaney MD
Perryman MD M. D. or other _____
 Address _____ Date signed May 17/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05057

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HarfordCity or town Harde Chase
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 yrs.Hospital, institution or street address where death occurred: Harford Memorial Hosp.How long in hospital or institution? 3 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Harde Chase
(If outside city or town limits, write RURAL and give nearest town)Street No. 620 Linden Lane

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Russie Jane Carroll

3. (b) Social Security Number

-4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Raymond Carroll7. Birth date of deceased (mo., day, yr.) Oct. 12 - 18736.(c) If alive, give age - years8. AGE: Years 74 Months 7 Days 14 It less than one dayhrs. - min. -9. Birthplace Calvert Co. Md.
(Town, county, and state)10. Usual occupation House Wife11. Industry or business -12. Name John Blackburn13. Birthplace Calvert Co. Md.14. Maiden name Margaret Brown15. Birthplace Baltimore16. Informant Raymond Carroll (Husband)Address 620 Linden Lane17. Burial Date thereof 5/29/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Angel HillLocation Harde Chase18. Funeral director Remington & SonAddress Harde Chase19. May 27 19 48 A. L. Lewis M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 19 48 12:32 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23 19 48 to May 26 19 48and that I last saw him alive on May 26 19 48Immediate cause of death ThrombosisPericardial effusionDue to ArteriosclerosisChronic NephritisDue to -Other conditions Toxemia

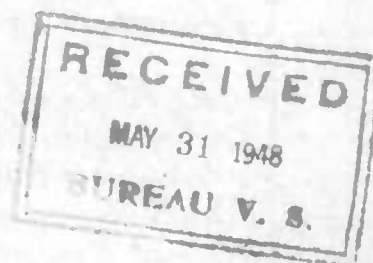
(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Charles J. FilerAddress Harde Chase Md Date signed 5/26/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 186

1. PLACE OF DEATH:

County Harford
City or town Have de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all her life
Hospital, institution, or street address where death occurred:
Harford Memorial Hospital
How long in hospital or institution? 5 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Have de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 212 Freedom St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

VERA Alice CARWELL

3. (b) Social Security Number

215-24-8196

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Donald Carwell
7. Birth date of deceased (mo., day, yr.) September 25, 1925
8. AGE: Years 22 Months 7 Days 5 If less than one day _____ hrs. _____ min.
9. Birthplace Have de Grace, Maryland
(Town, county, and state)
10. Usual occupation Laundress
11. Industry or business

12. Name Howard Richardson
13. Birthplace Have de Grace, Md.
14. Maiden name Ame Jean Collins
15. Birthplace Philadelphia, Pa.

16. Informant Mrs. Ame Jean Richardson
Address 212 Freedom St. Have de Grace, Md.

17. Burial Date thereof 5-14-48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. James P. M. E.
Location Have de Grace, Md.

18. Funeral director Olmer L. Bullock
Address 556 Lewis St. Have de Grace, Md.

19. May 4 19 48 G. L. Lewis M. D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 1 19 48 at 1:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
and that I last saw him alive on _____ 19 _____

Immediate cause of death Myelomatosis - level of 6th dorsal
Paraplegia
Due to Spinal Cord injury

Due to _____
Other conditions _____

(Include pregnancy within 3 months of death)
Major findings of operations Myelomatosis
Date of op. _____

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Dec 1, 1947
Where did injury occur? near Have de Grace Harford Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) U.S. Route # 40
Means of Injury Auto accident Injured at work? No

23. SIGNATURE J. H. Ramsey, M. D.
Address Aberdeen, Md. Date signed 5/1/48

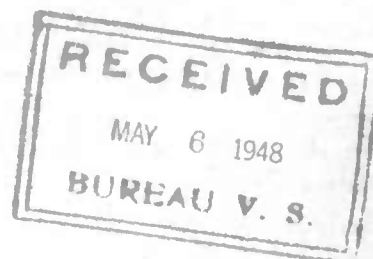
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9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05059

Reg. Dist. No. 192

1. PLACE OF DEATH:

County Harford
 City or town Whiteford Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 86 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sidney Cooper

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Mary M. Cooper

7. Birth date of deceased (mo., day, yr.)

March 29 - 1867

8. AGE:

Years

Months

Days

If less than one day

86111

hrs.

min.

9. Birthplace

York Co. Pa.
 (Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Thos. J. Cooper

12. Name

York Co. Pa.

13. Birthplace

Bank Bond

14. Maiden name

New York

15. Birthplace

Stephen Cooper

Address

Whiteford, Md.

11. Burial

May 13 - 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Mt. Nebo Cemetery

Location

Delta, R.D. Pa.

18. Funeral director

Hubert P. Harkins

Address

Delta, Pa.

19. May 12, 48 M. W. Kirk

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Whiteford Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 19 48 at 5:15 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1946 to May 10 1948

and that I last saw him alive on May 10 1948

Immediate cause of death

Cardiac insufficiency

DURATION

Hyper-tensive heart

Due to

Hyper-tensive heart

Due to

Hyper-tensive heart

Other conditions

Hyper-tensive heart

(Include pregnancy within 3 months of death)

Major findings of operations

Hyper-tensive heart

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of May 10 1948

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

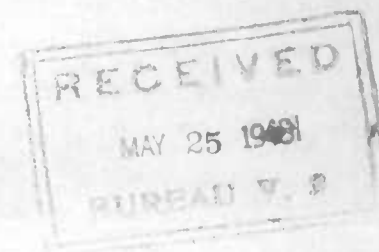
Benjamin Borog: M.D.

Address

CARLISLE

M. D. or other

Date signed 5-11-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford CoCity or town Beltan
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HarfordCity or town Beltan, Md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

GEORGE

GIBERSON

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Unknown

7. Birth date of

deceased (mo., day, yr.)

1898

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

It less than one day

50

_____ hrs. _____ min.

9. Birthplace

Unknown

(Town, county, and state)

10. Usual occupation

Automotive Repair Man

11. Industry or business

FATHER
MOTHER

12. Name

James Giberson

13. Birthplace

N.J.

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Address

Benj. Marsden
5822 8th Street
Philadelphia, Pa.

17.

(Burial, cremation, or removal. Which?)

Date thereof

May 27/75
(month) (day) (year)

Cemetery or crematory

County Home

Location

Beltan Rural

18. Funeral director

Address

Jas. J. Fisher
Beltan, Md

19.

(Date rec'd by registrar)

19

5/26 48 P. Lowwood

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 23 1948 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19____ to 19____

and that I last saw him alive on 19____

Immediate cause of death

PNEUMONIA - TYPE UNKNOWN

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

J. Ramsey, M.D.
Deputy Medical Examiner
Aberdeen, Md.

Date signed

5/23/48

1948
25
189

RECEIVED

JUN 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05061

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HarfordCity or town Aberdeenv
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Abordeenv Auction sale

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Aberdeenv
(If outside city or town limits, write RURAL and give nearest town)Street No. Paradise Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Joseph Goldwater

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Beatrice M. Goldwater

7. Birth date of deceased (mo., day, yr.)

Oct. 21-18946. (c) If alive, give age 53 years

8. AGE:

Years

Months

Days

If less than one day

53621

hrs.

min.

9. Birthplace

Ireland
(Town, county, and state)

10. Usual occupation

Salaman

11. Industry or business

MOTHER

12. Name

Maurice Goldwater

13. Birthplace

Poland

14. Maiden name

Beatrice Mechanic

15. Birthplace

Ireland

16. Informant

Maurice Goldwater

Address

818 Morton Ave. Chester Pa.

17. Burial

Burial

Date thereof

5/14/48

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Brookhaven Jewish Cem.

Location

Brookhaven Pa.

18. Funeral director

Reisman Funeral Home

Address

908 Pine St. Phila. Pa.

19. May 12 19 48

(Date rec'd by registrar)

A. L. Lewis M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 12 1948 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Donald C. Palmer M.D.
Acting Deputy Medical Examiner

M. D. or other

Address

Baltimore Md

Date signed

5/12/48

RECEIVED

MAY 14 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County Harford
City or town Harford
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 74 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
City or town Harford
(If outside city or town limits, write RURAL and give nearest town)

Street No. 823 S. Washington
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Margaret D. Greenleaf

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Donus H. Greenleaf (dec.)

5. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 12/18/1873

8. AGE: Years 74 Months 4 Days 15 It less than one day _____ hrs. _____ min.

9. Birthplace Harford, Md.
(Town, county, and state)

10. Usual occupation Home Wife

11. Industry or business

12. Name Just Druchalen

13. Birthplace Baltimore, Md.

14. Maiden name Margaret O'Donovan

15. Birthplace Ireland

16. Informant Mrs. Charles Day

Address 823 S. Wash. Harford, Md.

17. Burial Date thereof 5/5/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Angel Hill

Location Harford, Md.

18. Funeral director Pennings & Son

Address Harford, Md.

19. May 5 19 48 A. L. Lewis Jr.
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 19 48 at 10:40 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 19 46 to May 3 19 48

and that I last saw him alive on May 3 19 48

Immediate cause of death _____ DURATION

Carcinoma of left

mammary gland

Due to General Carcinoma

metastasis

Due to Oedema

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

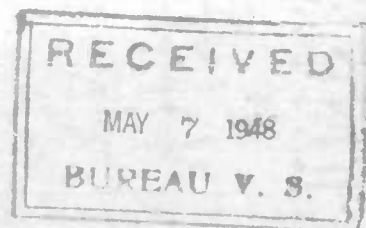
23. SIGNATURE Charles Foley Jr. M. D. or other _____

Address Harford, Md. Date signed 5/7/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County HarfordCity or town Perryman - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HarfordCity or town Perryman - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

HANNAHARDY

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female Colored Unknown

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) (Unknown) 1883
6.(c) If alive, give age _____ years8. AGE: Years Months Days If less than one day
About 65 _____ hrs. _____ min.9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Unknown13. Birthplace 4MOTHER 14. Maiden name 415. Birthplace 416. Informant John E. Tarring
Address 106 Rogers St. Aberdeen Md17. Burial Date thereof May 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Harford Co. HomeLocation Near Del Air. Md18. Funeral director Benny Tarring SonsAddress Aberdeen Md19. May 12, 48 19 48 William H. Roberts
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1948 at 1 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, fo. _____ 19 _____
and that I last saw h. _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION

Drowning - AccidentalDue to Epilepsy

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

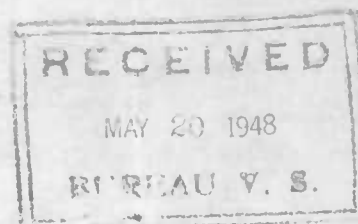
Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 5/8/48Where did injury occur? Near Perryman Harford sub
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) CreekMeans of Injury Fell in Creek Injured at work? No23. SIGNATURE John E. Tarring M.D.Address Aberdeen, Md Date signed 5/11/48

1948
65
1883



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05064

Reg. Diat. No. 185-

1. PLACE OF DEATH:

County Lancaster
 City or town Lancaster Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? not in place
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa County Lancaster
 City or town Manheim
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 534 Charlotte St
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sylvester B Heagy

3. (b) Social Security Number

4. Sex M. 5. Color or race White 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Mildred Heagy

7. Birth date of deceased (mo., day, yr.) May 21, 1915 6.(c) If alive, give age 29 years

8. AGE: Years 32 Months 11 Days 25 If less than one day
 hrs. min.

9. Birthplace Manheim Lancaster co, Pa.
 (Town, county, and state)

10. Usual occupation Mailman11. Industry or business Armstrong Corp.12. Name Edward F. Heagy13. Birthplace Lancaster co, Pa.14. Maiden name Mabel Bailey15. Birthplace Lancaster co., Pa16. Informant Mildred HeagyAddress 534 S. Charlotte St17. Burial Date thereof May 30, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hershey CemeteryLocation Manheim, Pa. Rural18. Funeral director Luca Patterson & SonAddress Perryville, Md.

May 21, 1948 A. L. Luciani M.D.

19. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948 at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

Drowning

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4-16-48Where and how it occurred Swiss Creek, Manheim, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place, or other place Swiss Creek, Manheim, Md.Means of injury upturned boat Injured at work?

Medical Examiner

23. SIGNATURE W. L. Dodson M. D. or otherAddress Perryville, Md Date signed 4/21-48



Birth & Death 5495
185-

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 160C

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Hartford
City or town Hartford Memorial Hosp.
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution:
Haore de Grace
Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
County Hartford
City or town Edgewood
(If outside city or town limits, write RURAL and give nearest town)
Street No. 11 Battle
(If RURAL give LOCATION)

3. Name of child Holley (not named)
5. Sex Male 6. Twin or triplet

4. Date of birth May 17 1948 Hour 9:00 P.M.
7. No. of weeks pregnancy 18

FATHER OF CHILD

8. Full name Allen Stanbury Holley
9. Color Col. 10. Age at time of this birth 27 yrs.
11. Usual occupation Governor's employee

MOTHER OF CHILD

12. Full maiden name Vera Marie Norman
13. Color Col. 14. Age at time of this birth 23 yrs.
15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of Treatment of abortion

19. Labor: (a) Complications of no
(b) Induced? no

20. (a) Was there an operation for delivery? no
(b) State all operations, if any
(Yes or No)

(c) Did child die before operation?
During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes
(b) Maternal causes Premature separation of placenta

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature J. Ralph Holley M.D.
(Specify if M. D., midwife, or other)

Address Churchville Md.

23. (a) Burial (b) Date thereof May 23, 1948
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Fairview Four Trees

24. (a) Funeral director H.K. McComas & Son
(b) Address Abingdon Md.

25. (a) May 22-48 (b) A. L. Lewis M.D.
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

A. L. Lewis M.D. Health Officer, per

* See Instruction C on stub.

V. S. A10

Child lived about 22 months



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH

County HarfordCity or town Harford
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 71 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas Chew Hopkins

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Marie Le Sueur Hopkins

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

3/1/1877

8. AGE:

Years

Months

Days

If less than one day

7120

hrs.

min.

9. Birthplace

Harford, Md.

(Town, county, and state)

10. Usual occupation

General Insurance

11. Industry or business

FATHER

12. Name Wm. W. Hopkins

13. Birthplace

Maryland

MOTHER

14. Maiden name

Cambria Dover

15. Birthplace

England

16. Informant

Marie Le Sueur Hopkins (wife)

Address

Dover Hill, Harford, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

5/8/48

Cemetery or crematory

Darlington

Location

Darlington, Md.

18. Funeral director

Pennington & Pennington

Address

Harford, Md.

19. May 7 1948

(Date rec'd by registrar)

A. L. Lewis Jr.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Dover Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No. Dover Hill

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1948 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 28 1948 to May 5 1948and that I last saw him alive on April 28 1948Immediate cause of death Coronary embolism

DURATION

15 min

Due to

Due to

Other conditions

Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. F. MagrawAddress Chesapeake, Md. Date signed 5/6/48

M. D. or other

RECEIVED
MAY 10 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

05066

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County HARFORDCity or town RURAL - FALLSTON
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 MONTHS

Hospital, institution, or street address where death occurred:

HOMEHow long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County HARFORDCity or town RURAL - FALLSTON
(If outside city or town limits, write RURAL and give nearest town)Street No. — FRIENDSHIP ROAD

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME

ALETHA ELIZA KEMERY

3.(b) Social Security Number

—

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

WIDOWED

6.(b) Name of husband or wife

GEORGE KEMERY6.(c) If alive, give age DECEASED years7. Birth date of deceased (mo., day, yr.) DEC 30 18758. AGE: Years 72 Months 4 Days 13 If less than one day — hrs. — min.9. Birthplace PITTSBURGH, PENNSYLVANIA
(Town, county, and state)10. Usual occupation HOUSEWIFE11. Industry or business —12. Name JOHN COOL13. Birthplace UNKNOWN TOWN, PENNA.14. Maiden name MARY E. TENNY15. Birthplace UNKNOWN TOWN - PENNA.16. Informant MRS FRANK BURKE (SISTER)Address 6 UPLAND AVE. UPLAND, PA.17. Burial Date thereof 5-15-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Upland Baptist CemLocation Upland - Delaware Co. Pa18. Funeral director William S. JonesAddress Claymont Del19. 5/12 48 P. Foxworth
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 12 1948 at 9:24 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOVEMBER 1948 to 11 MAY 1948
and that I last saw her 11 MAY 1948Immediate cause of death CONGESTIVE HEART FAILURE

DURATION

5 DAYSDue to ARTERIOSCLEROSIS 6 MONTHSDue to DIABETES 7 YEARSOther conditions —

(Include pregnancy within 8 months of death)

Major findings of operations — Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE F. P. Schell M.D.Address Bel Air, Md. Date signed 12 May 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05067

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County Harford
 City or town Harford
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 minutes
 Hospital, institution, or street address where death occurred:
Harford Memorial Hospital
 How long in hospital or institution? 20 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Ind. County Cecil
 City or town Port Deposit
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 94 N. Main
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Lindsey E. Lee

3. (b) Social Security Number

218-10-1014

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Bertha G. Lee
 7. Birth date of deceased (mo., day, yr.) March 15, 1873 6. (c) If alive, give age 65 years

8. AGE: Years 75 Months 1 Days 16 It less than one day _____ hrs. _____ min.

9. Birthplace Donowings, Cecil co., Ind.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business day

12. Name Napoleon B. Lee

13. Birthplace Cecil co., Ind.

14. Maiden name Martha Brown

15. Birthplace Cecil co., Ind.

16. Informant Bertha G. Lee

Address Port Deposit, Md.

17. Burial (Burial, cremation, or removal) Which? Burial Date thereof May 4, 1948
 (month) (day) (year)

Cemetery or crematory Oakwood

Location Donowings, Ind. Rural

18. Funeral director L. A. Patterson

Address Perryville, Ind.

19. May 3 19 48 A. L. Lewis M. D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 48 at 10:21 a.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____ and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Fracture of humerus

Due to anterior force

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 5-1-48

Where did injury occur Port Deposit Cecil Ind.
 (City or town) (County) (State)

Injured at home, farm, industry, public place, (where?) Route 276

Means of injury Fall from truck Injured at work? yes

23. SIGNATURE R. E. Dodson Medical Examiner for Cecil County
Reiny Sue Ind M. D. or other
 Address _____ Date signed 5-1-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05068

Reg. Dist. No. 183

1. PLACE OF DEATH:

County HarfordCity or town Pylesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HarfordCity or town Pylesville, MD
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Laurel Cherda Linbous

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

W. H. Linbous6. (c) If alive, give age 76 years

7. Birth date of

deceased (mo., day, yr.)

March 20 1876

8. AGE:

Years

72

Months

1

Days

25

If less than one day

hrs.

25

min.

9. Birthplace

Towson, Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Housewife

12. Name

John H. Sparks

13. Birthplace

Towson, Md

14. Maiden name

Lucy Osburn

15. Birthplace

Towson, Md

16. Informant

Laurel Linbous

Address

Pylesville, Md

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

May 19 1948
(month) (day) (year)

Cemetery or crematory

Highland

Location

Shut Road

18. Funeral director

W. H. Brown

Address

Frank Grove Pa19. May 19 1948

(Date reg'd by registrar)

Thomas R Brown

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1948, at 1:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 13 1948, to May 13 1948and that I last saw him alive on May 13 1948

Immediate cause of death

Coronary Thrombosis

DURATION

1 hr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. J. G. Hunt

M. D. or other

Address

Delta Bar

Date signed

5/14/48

RECEIVED

MAY 19 1948

BUREAU V. S.

Evidence for change of year of birth shown on MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

FILM No. G 116 AUG 2 - 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: *Harford*
County *Harford*
City or town *Pulaski Highway*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *30 days*
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Maryland* County *Joppa Md*
City or town *Joppa*
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME *Clara M. McKennie*

3. (b) Social Security Number

4. Sex *F* 5. Color or race *W.* 6.(a) Single, married, widowed, or divorced *Widowed*
6.(b) Name of husband or wife *Walter T.*
6.(c) If alive, give age... years
7. Birth date of deceased (mo., day, yr.) *2/25/1876* 1874
8. AGE: Years *74* Months Days If less than one day
hrs. min.

9. Birthplace *Baltimore - Md*
(Town, county, and state)
10. Usual occupation *House Wife*
11. Industry or business

FATHER 12. Name *James Farran*
13. Birthplace *Md*
MOTHER 14. Maiden name *Martha Ann Hayward*
15. Birthplace *Va-*

16. Informant *Mrs. Mildred R. Carter*
Address *Joppa Md-*
17. *Burial* Date thereof *5/25/48*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Landon Ph*
Location *Baltimore Md*
18. Funeral director *William Cash Inc.*
Address *1717 St. Paul St.*

19. *May 25 1948* *A. W. Heggen*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *May 24* 19*48*, at *5:40 p.m.*
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Aug 1* 19*45*, to *May 24* 19*48*
and that I last saw him alive on 19

Immediate cause of death *Carcinoma of sigmoid with metastases*
DURATION *2 yrs*

Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations *same*
Date of op. *Sept 6 1947*

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE *Fred O. Hodous M.D.*
M. D. or other
Address *Edgewood Md* Date signed *5-24-48*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County Harford
 City or town Hayre De Grace
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? one hour
 Hospital, institution, or street address where death occurred:
Harford Memorial Hospital
 How long in hospital or institution? one hour

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Cecil
 City or town Perryville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Grace Turner Nickle

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) April 30, 1880 6. (c) If alive, give age _____ years

8. AGE: Years 68 Months _____ Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Colora, Cecil Co., Md. Rural (Town, county, and state)
Seamstress

10. Usual occupation _____

11. Industry or business _____

12. Name Frank H. Nickle13. Birthplace Cecil Co., Md14. Maiden name Elizabeth H. Niblock15. Birthplace Cecil Co., Md.16. Informant Mrs William L. TaylorAddress Perryville, Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof May 20, 1948
 (month) (day) (year)

Cemetery or crematory West NottinghamLocation Colora, Md. Rural19. Funeral director Lee A. Patterson & SonAddress Perryville, Md.19. May 20, 1948 G. L. Lewis Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 May 1948, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 May 1948 to 19 and that I last saw her alive on 17 May 1948

Immediate cause of death Acute Pulmonary Edema DURATION _____

Due to Cardiac Failure (2. heart)
 Due to Hypertensive A.S.C.V.D.

Other conditions Mild Diabetes Mellitus
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Sadgowsky M. D. or other _____Address Perryville, Md. Date signed 17 May 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05071

185-

1. PLACE OF DEATH:

County Harford
 City or town Harre de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs
 Hospital, institution or street address where death occurred:
W. Stokes St. Extended
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Harford
 City or town Harre de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. W. Stokes St. Extended
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War #1

3. (a) FULL NAME

Howard Sampson

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife -
 7. Birth date of deceased (mo., day, yr.) Jan. 26, 1896 6.(c) If alive, give age - years
 8. AGE: Years 52 Months 3 Days 17 If less than one day - hrs. - min.

9. Birthplace Harford Co. Md.
 (Town, county, and state)
 10. Usual occupation Fireman
 11. Industry or business Aberdeen Evening Journal
 12. Name Md.
 13. Birthplace 3. L. Sampson
N. C. Md.
 14. Maiden name Louise Mitchell
 15. Birthplace Mr. Cida DeBaugh
Harre de Grace, Md.
 16. Informant Burial
 Date thereof May 16, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rock Run Cem.
 Location Harford Co. Md.
 18. Funeral director R. L. Madison Mitchell
 Address Harre de Grace, Md.
 19. May 16, 1948 W. L. Lewis M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19 48 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
 and that I last saw him alive on 19

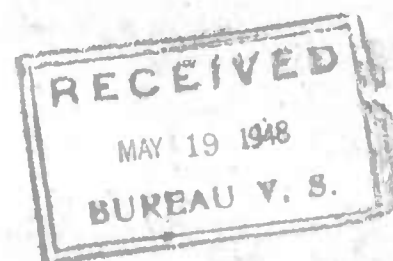
Immediate cause of death
PROBABLE CORONARY
OCCLUSION

Duration
 Due to
 Due to
 Other conditions
 (Include pregnancy within 9 months of death)

Major findings of operations
 Date of op.
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. L. Lewis M.D.
Dep. Medical Examiner
 Address Aberdeen, Md. Date signed 5/13/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 185-

1. PLACE OF DEATH

County HarfordCity or town Harford
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred:

St. Francis VillaHow long in hospital or institution? 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Harford
(If outside city or town limits, write RURAL and give nearest town)Street No. Commonwealth Market
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sister M. Henrietta (Marie Schraff)

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 15 - 18898. AGE: Years 58 Months 8 Days 15 If less than one day
.....hrs.min.9. Birthplace Germany
(Town, county, and state)10. Usual occupation Nurse

11. Industry or business

12. Name George Schraff (de.)13. Birthplace Germany14. Maiden name Anna Schraff15. Birthplace Germany16. Informant Hospital RecordsAddress Harford17. Burial Date thereof 4/3/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Holy RedeemerLocation Baltimore, Md.18. Funeral director Pennington & RowAddress Harford19. June 1 19 48 A. L. Lewis M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 19 48, at 12:00 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30 19 48, to May 31 19 48, and that I last saw him alive on May 31 19 48.

Immediate cause of death

Arterio Sclerosis
Coronary Thrombosis
Due to Coronary Thrombosis

DURATION

Due to

Other condition Coronary Thrombosis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles J. Volz M.D.
Address Harford Date signed 6/3/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05073

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford Co.
 City or town Harford Rd.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County Lancaster
 City or town Manheim
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 21 New Charlotte St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war Yrs. Navy World War II

3. (a) FULL NAME

ROBERT WAUGEL SEIDEL

3. (b) Social Security Number

201-18-4409

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Lorena J. Seidel
 6. (c) If alive, give age 22 years
 7. Birth date of deceased (mo., day, yr.) April 4 1926
 8. AGE: Years 22 Months 1 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Lancaster Co. Pa.
 (Town, county, and state)
 10. Usual occupation Mechanic Auto
 11. Industry or business Auto Garage
 12. Name Leroy Seidel
 13. Birthplace Blacks Co. Pa.
 14. Maiden name Edith Waugel
 15. Birthplace Pa.

16. Informant Herman Shank
 Address 28 West Stigle St. Manheim
 17. Burial Manheim Date thereof May 24 1948
 (Burial, cremation, or other?) (month) (day) (year)
 Cemetery or crematory Manheim
 Location Manheim Pa.
 18. Funeral director H.S. Bailey
 Address Charlottesville
 19. May 23 1948 M.Y. Kirk
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1948 at 6 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19____ to 19____

and that I last saw him _____ alive on 19____

Immediate cause of death

DROWNING - ACCIDENTAL

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of May 16, 1948Where did injury occur? near Conowingo HARFORD MD.
 (City or town) (County) (State)Injured at home, farm, industry, public place (where?) SUSQUEHANNA RIVERMeans of injury BOAT UPSET Injured at work? No

23. SIGNATURE

Address Aberdeen Date signed 5/23/48

RECEIVED
MAY 31 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County *Harford*
 City or town *Bel Air*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *Life*
 Hospital, institution, or street address where death occurred:
58 E Broadway
 How long in hospital or institution? *—*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State *md.* County *Harford*
 City or town *Bel Air*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *58 E Broadway*
 (If rural, give LOCATION)
 2.(a) If veteran, name war *—*

3. (a) FULL NAME

John Henry Shannon

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*
 6. (b) Name of husband or wife *Grace Davis Shannon*
 6. (c) If alive, give age *71* years
 7. Birth date of deceased (mo., day, yr.) *Apr. 16, 1875*
 8. AGE: Years *73* Months *1* Days *4* It less than one day *—* hrs. *—* min.

9. Birthplace *Harford Co. Md.*
 (Town, county, and state)
 10. Usual occupation *Sco Station Attendant*

11. Industry or business

12. Name *Geo. D. Shannon*
 13. Birthplace *Md.*
 14. Maiden name *Annie Magle*
 15. Birthplace *Md.*

16. Informant *Mrs. Grace Shannon*
 Address *58 E. Broadway, Bel Air Md.*

17. Burial *Rock Spring* Date thereof *May 22, 1948*
 (Burial, cremation, or removal) Which? (month) (day) (year)
 Cemetery or crematory *Harford Co. Md.*
 Location *RV Madison Mitchell*

18. Funeral director *Harold Grace, Md.*
 Address *5721*

19. *48* *Refowood*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *May 20, 1948* at *7:45* A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1939* to *May 20, 1948*
 and that I last saw *him* alive on *May 20, 1948*

Immediate cause of death *Carcinoma, primary in prostate - Secondary in Liver -*
 Due to *—*

Due to *—*
 Other conditions *—*
 (Include pregnancy within 3 months of death)

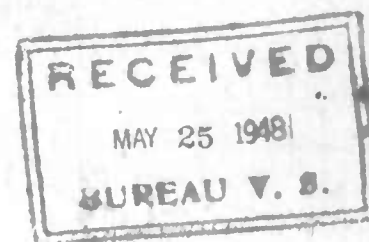
Major findings of operations *—* Date of op. *—*

Autopsy results *—*
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide *—* Date of *—*
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *—*
 Means of injury *—* Injured at work? *—*

23. SIGNATURE *M. J. Smith*
 Address *Bel Air Md* Date signed *5/20/48*
 M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05075

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HarfordCity or town Harre De Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford memorial

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County CecilCity or town Liberty Grove
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

WILLARD A. SMITH

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) April 9, 18678. AGE: Years 81 Months _____ Days 24 If less than one day _____ hrs. _____ min.9. Birthplace Berkeley
(town, county, and state)10. Usual occupation Seaman

11. Industry or business _____

12. Name John Smith13. Birthplace Berkeley, Md.14. Maiden name Sarah McNamee15. Birthplace Md.16. Informant Mrs. Clara SiddellAddress Coloma, Md.17. Burial Date thereof May 7, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory DarlingtonLocation Darlington, Md.18. Funeral director F. P. SysonAddress Rising Sun, Md.19. May 5, 1948 A. L. Lewis

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 May 1948 at 4:30 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

15 April 1948 to 4 May 1948and that I last saw him alive on 4 May 1948

Immediate cause of death _____

Cerebral embolismDue to Fibrillation of heart& mural thromb.

Due to _____

Other conditions Chr. myocarditis,vascular occlusion bothlower legs.

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. B. Lormer M. D.Harford Memorial Hosp M. D. or other _____Address Harre de Grace, Md. Date signed 4 May 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05076

Reg. Dist. No.

185-

1. PLACE OF DEATH:

County HarfordCity or town Thorne de Shae
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 yrs.

Hospital, institution, or street address where death occurred:

Harford Memorial Hosp.How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Thorne de Shae
(If outside city or town limits, write RURAL and give nearest town)Street No. 102 Deaver
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

Julia Stopka

3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

W.6.(b) Name of husband or wife John Stopka (dec.)

7. Birth date of deceased (mo., day, yr.)

Sept. 1, 18966.(c) If alive, give age - years

8. AGE:

Years 52Months 8Days 5

If less than one day

hrs.

min.

9. Birthplace

Czechoslovakia
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

FATHER
MOTHER

12. Name

Anton Kral

13. Birthplace

Czechoslovakia

14. Maiden name

Anna Kasana

15. Birthplace

Czechoslovakia

16. Informant

John Stopka (son)

Address

102 Deaver St. Thorne de Shae

17.

Burial
(Burial, cremation, or removal. Where?)

Date thereof

5/10/48
(month) (day) (year)

Cemetery or crematorium

St. Johns

Location

Thorp, Pa.

18. Funeral director

St. John's Funeral Home

Address

Alpharetta, Pa.

19.

May 6
(Date rec'd by registrar)

19.

48
A. L. Lewis M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 May 1948 at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

28 April1948to 6 May48

and that I last saw h.

er

alive on

6 May48

19

Immediate cause of death

Shock, hemorrhageuremia

Due to

Bilateral Nephrosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Harford Memorial Hosp.

M. D. or other

Address

Date signed

6 May 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

05077

93d

181

1. PLACE OF DEATH:

County.....Hanford
City or town.....General Chesapeake
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....Unknown
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Hanford
City or town.....Chesapeake Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.....Calvary Road
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Alexander Tscholaki

3. (b) Social Security Number

4. Sex.....Male 5. Color of race.....White 6.(a) Single, married, widowed, or divorced.....Unknown

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....(Unknown) 1883 8.(c) If alive, give age..... years

8. AGE: Years.....About 65 Months..... Days..... It less than one day..... hrs. min.

9. Birthplace.....Unknown
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....Unknown
13. Birthplace.....Unknown
14. Maiden name.....Unknown
15. Birthplace.....Unknown

16. Informant.....John P. Tarrance
Address.....406 3rd St. Chesapeake Md

17.....Burial Date thereof.....May 22 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Home
Location.....Chesapeake Md

18. Funeral director.....Home Tarrance Sons
Address.....Chesapeake Md

19.....May 22 1948.....Nellie H. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....May 20 1948 at.....6 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....April 13 to.....May 19 48
and that I last saw him.....alive on.....May 17 1948
Immediate cause of death.....

Due to.....Cornary Thrombosis
Due to.....Anticoagulant C.V.
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?

23. SIGNATURE.....Charles W. H. H. H.
.....May 22
Date signed.....

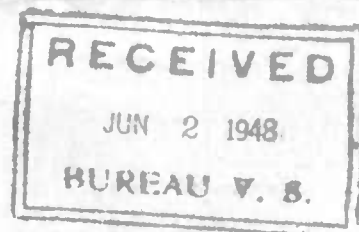
MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

1948
65
1883



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford
 City or town Rural Harford Grace
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 mo
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Harford
 City or town Rural Harford Grace
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. P.O. #2
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

LANEY MARION WARD

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Clamor F. Ward
 6. (c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) July 12, 1879
 8. AGE: Years 68 Months 10 Days 10 It less than one day _____ hrs. _____ min.

9. Birthplace Harford Co. Md.
 (Town, county, and state)
 10. Usual occupation Shoemaker
 11. Industry or business _____
 12. Name Thomas J. Ward
 13. Birthplace Md.
 14. Maiden name Sophia Beagle
 15. Birthplace Md.

16. Informant Mrs. Clamor F. Ward
 Address Harford Grace, Md. P.O. #2
 17. Burial Date thereof May 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Overlook Methodist Ch. & S.
 Location Harford Co. Md.
 18. Funeral director R. T. Madison Mitchell
 Address Harford Grace Md.
 19. May 23 19 48 Nellie Z. Riley
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 19 48 at 4 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
 and that I last saw h. _____ alive on _____ 19 _____
 Immediate cause of death Arteriosclerotic Cardio-vascular disease
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Dr. Ramsey, M.D.
Dep. Medical Examiner
 Address Aberdeen, Md. Date signed 5/22/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 2 1948

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159

05079

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Hartford
City or town Aldino Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Hartford
City or town Aldino Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Joan Isabel

3. (b) Social Security Number

West

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced 9

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20 - 1948

8. AGE: Years Months Days 18 It less than one day hrs. min.

9. Birthplace Aldino
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Alvin L. West

13. Birthplace N.C.

14. Maiden name Dorothy Honaker

15. Birthplace MD

18. Informant Alvin L. West

Address Aberdeen RD 2

17. Burial Date thereof May 9/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory MD Zion

Location Fountain Green

18. Funeral director Joseph J. Tied

Address Bel Air Md

19. 5/8 48 RD 2 Fowood

(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 19 48 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 19 48 to May 8 19 48 and that I last saw her alive on April 27 19 48

Immediate cause of death Erythroblastosis foetalis DURATION Life

Due to

Due to

Other conditions Prematurity
(at 8 mo)
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Gerald C. Palmer M.D.
Address Bel Air Md Date signed 5/8/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

RECEIVED

MAY 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year 2 mo
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Harford
 City or town Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Anna May Wiggers

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Charles E. Wiggers
 6.(c) If alive, give age 49 years
 7. Birth date of deceased (mo., day, yr.) Feb 4, 1914
 8. AGE: Years 74 Months 2 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business _____

12. Name Samuel B. James

13. Birthplace not known

14. Maiden name Anna Reese

15. Birthplace Harford Co md.

16. Informant Mrs. Melton B. Creswell

Address Bel Air md.

17. Burial Date thereof May 5, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Friendship, Harford Co.

Location Fallston md.

18. Funeral director Martin E. Krutz

Address Janettville

19. 5/4/48 P. F. Ford

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1948, at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946 to May 2 1948
 and that I last saw her alive on April 30 1948

Immediate cause of death Coronary Thrombosis
Terminating

Due to Chr Cardiovascular
disease with decompensation 2 yrs

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Willard P. Hudson M.D.

Address Forest Hill Md Date signed 5/3/48

